

Mental Health and Violence In Schools

Adair Freeman Parr, M.D., J.D. Erin Reuther, Ph.D., ABPP

Disclosure

Neither Dr. Parr nor Dr. Reuther has any financial disclosure or conflict of interests with the presented material presented in this presentation.

Learning Goals: Overview

Mental Health of Children

Youth Violence in Schools

How to Identify Children in Need of Mental Health Services

What Schools Can Do To Help

Mental Health of Children



The U.S. has a Youth Mental Health Crisis

1 in 5 youth (20%) have a mental health problem

1 in 5 high school students seriously consider attempting suicide

1 in 11 youth made a suicide attempt

Of children who have mental health problems, only 30-50% are treated

Children who do not receive mental health treatment may act out in school

In 2020, Suicide was the **2nd leading cause of death** for ages 10-24 (NIMH)

About 2,877 young people ages 13 to 19 *die each year by suicide* (CDC, 2017).

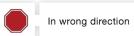
42% of youth suicide deaths caused by guns

MENTAL HEALTH AND SUICIDE VARIABLES*

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	Trend
Experienced persistent feelings of sadness or hopelessness	26.1	28.5	29.9	29.9	31.5	36.7	
Seriously considered attempting suicide	13.8	15.8	17.0	17.7	17.2	18.8	
Made a suicide plan	10.9	12.8	13.6	14.6	13.6	15.7	
Attempted suicide	6.3	7.8	8.0	8.6	7.4	8.9	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	1.9	2.4	2.7	2.8	2.4	2.5	

Source: National Youth Risk Behavior Surveys, 2009-2019
*For the complete wording of YRBS questions, refer to Appendix.

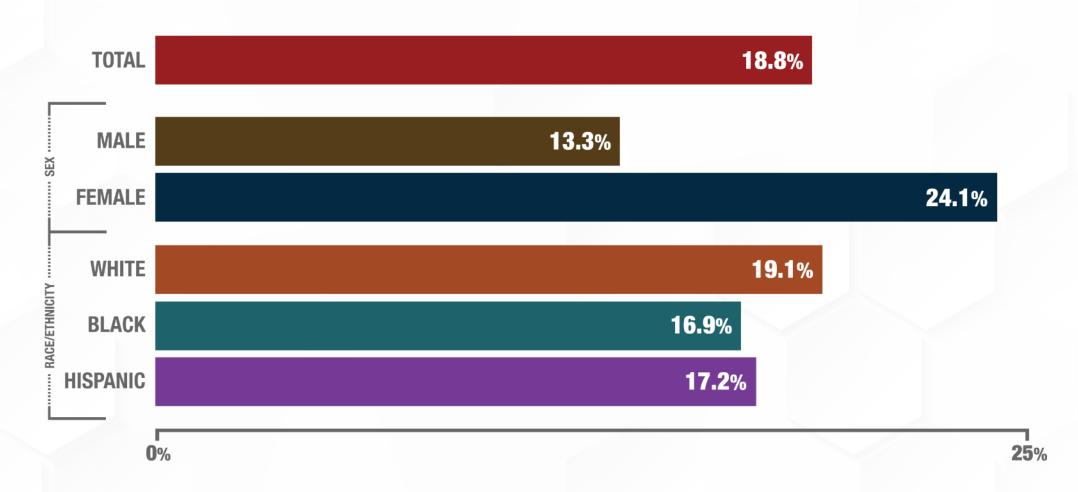






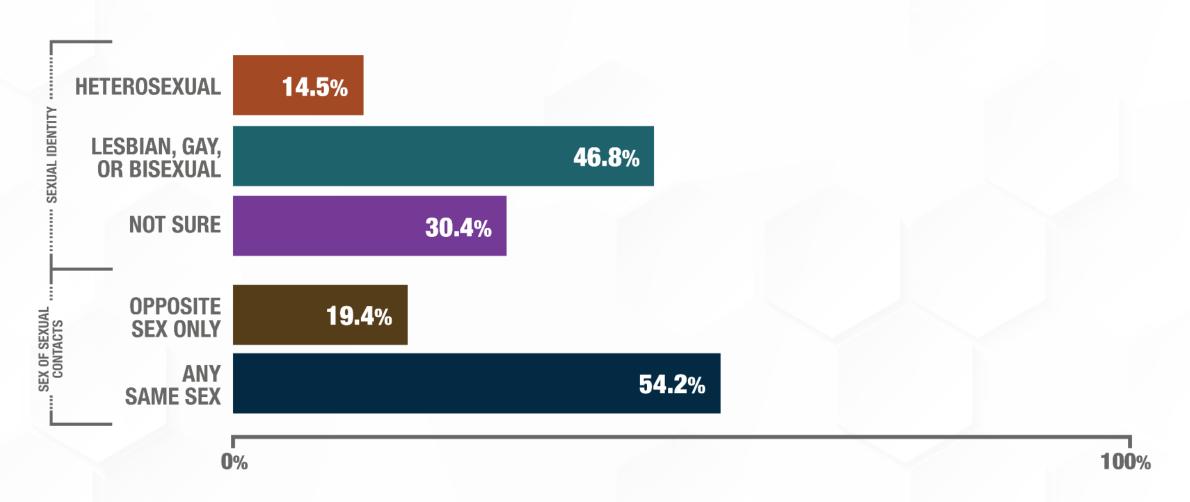
PERCENTAGE OF HIGH SCHOOL STUDENTS WHO

SERIOUSLY CONSIDERED ATTEMPTING SUICIDE DURING THE PAST YEAR, BY SEX AND BY RACE/ETHNICITY, UNITED STATES, YRBS, 2019



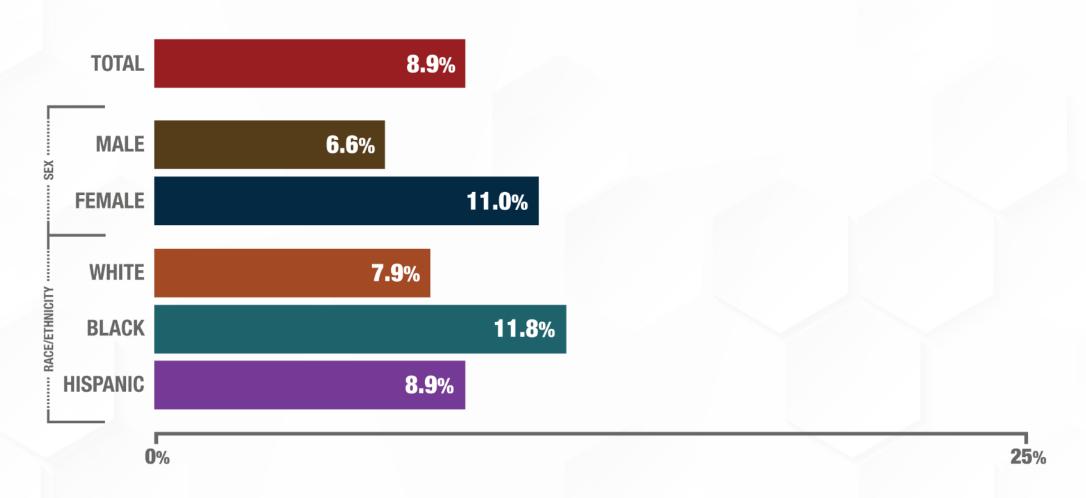


PERCENTAGE OF HIGH SCHOOL STUDENTS WHO SERIOUSLY CONSIDERED ATTEMPTING SUICIDE DURING THE PAST YEAR, BY SEXUAL IDENTITY AND BY SEX OF SEXUAL CONTACTS, UNITED STATES, YRBS, 2019



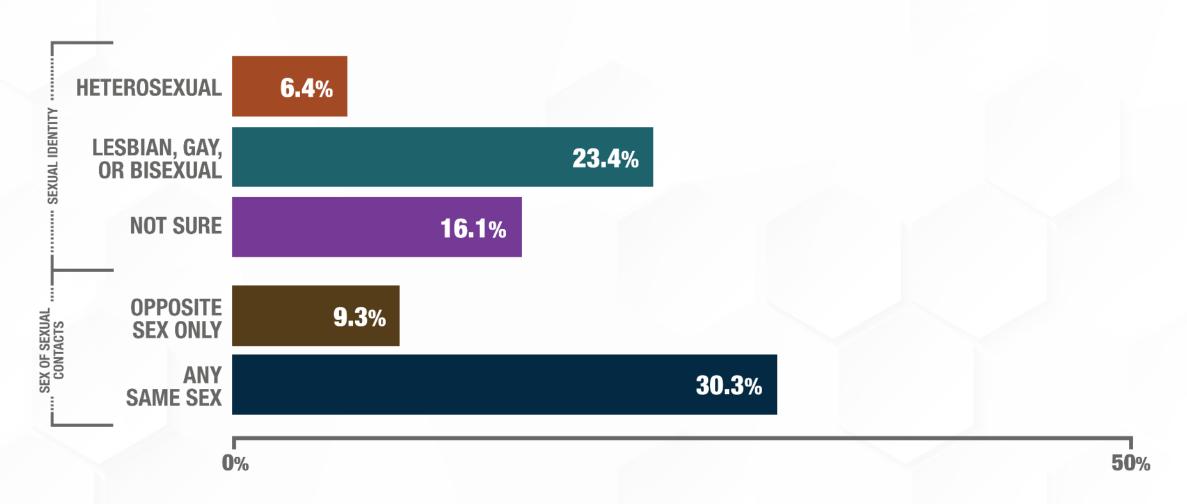
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PERCENTAGE OF HIGH SCHOOL STUDENTS WHO ATTEMPTED SUICIDE DURING THE PAST YEAR, BY SEXUAL IDENTITY AND BY SEX OF SEXUAL CONTACTS, UNITED STATES, YRBS, 2019



Mental Health of Louisiana Youth

LA High School Students
Who Seriously Considered
Suicide in 2019

1,259 (17.7 %)

LA High School Students Who Attempted Suicide

• 1,035 (15.5 %)

Suicide Is Preventable

• When individuals, schools, and communities join forces to address suicide, they can save lives.

• Suicide Prevention Resource Center, Role of High School Teachers Revised FINAL v2 6-14-19.pdf (sprc.org)

Reasons Schools Should Address Suicide

- Children have a right to a safe school environment
- Students' mental health can affect their academic performance
- Student suicide impacts other students and the school community

• Substance Abuse and Mental Health Services Administration's Suicide Prevention Toolkit for High Schools (samhsa.gov)

Suicide Risk Factors

- Depression and other mental health problems
- Alcohol or drug use
- Feelings of social isolation
- Difficult life situations (abuse, bullying, poverty)

Adolescents | Suicide Prevention Resource Center (sprc.org)

Suicide Protective Factors

- Life skills (problem-solving, coping)
- Social support from family, friends, and others
- Positive school experiences

Adolescents | Suicide Prevention Resource Center (sprc.org)

Suicide Warning Signs

- Warning signs that someone may be at immediate risk for attempting suicide include:
 - Talking about wanting to die or wanting to kill themselves
 - Talking about feeling empty or hopeless or having no reason to live
 - Talking about being a burden to others
 - Withdrawing from family and friends
 - Giving away important possessions
 - Saying goodbye to friends and family
 - Taking great risks that could lead to death, such as driving extremely fast
 - Talking or thinking about death often
- NIMH » Suicide Prevention (nih.gov)

Suicide Warning Signs

- Other serious warning signs that someone may be at risk for attempting suicide include:
 - Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
 - Making a plan or looking for ways to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
 - Talking about feeling great guilt or shame
 - Using alcohol or drugs more often
 - Acting anxious or agitated
 - Changing eating or sleeping habits
 - Showing rage or talking about seeking revenge
- NIMH » Suicide Prevention (nih.gov)

School Connectedness

 Making positive changes to the school climate can result in improved academic achievement and healthy behaviors among students.

Substance Abuse and Mental Health Services Administration's Suicide Prevention Toolkit for High Schools (samhsa.gov)

How Schools Can Help Prevent Suicide

- Protocols for helping students at risk of suicide
- Protocols for responding to suicide death
- Staff education and training (importance of suicide prevention; training on recognizing and responding to students who may be at risk of suicide; training for appropriate staff on proper referral and follow up of such students)
- Parent education
- Screening
- SAMSHA Preventing Suicide: A Toolkit for High Schools
- Substance Abuse and Mental Health Services Administration's Suicide Prevention Toolkit for High Schools (samhsa.gov)

Two Essential Components for Schools

- Protocols for helping students at risk of suicide
- Protocols for responding to suicide death (and thus preventing additional suicides)

- SAMSHA Preventing Suicide: A Toolkit for High Schools
- <u>Substance Abuse and Mental Health Services Administration's Suicide Prevention Toolkit for High Schools</u> (samhsa.gov)

Engage Staff in Suicide Prevention

- Educate all staff about the importance of suicide prevention
- Training all staff to recognize suicide risk
- Training selected staff to assess and refer students at risk to appropriate services

- SAMSHA Preventing Suicide: A Toolkit for High Schools
- <u>Substance Abuse and Mental Health Services Administration's Suicide Prevention Toolkit for High Schools (samhsa.gov)</u>

Implement Additional Protocols

- Educate parents about behavioral health promotion and suicide
- Educate and involve students in behavioral health promotion and suicide prevention
- Screen students for suicide risk

- SAMSHA Preventing Suicide: A Toolkit for High Schools
- <u>Substance Abuse and Mental Health Services Administration's Suicide Prevention Toolkit for High Schools</u> (samhsa.gov)

Youth Violence in Schools



Youth Violence

Intentional use of physical force or power to threaten or harm others by young people ages 10-24

Includes fighting bullying, threats with weapons and gang-related violence

Involvement may be as a victim, offender or witness

Youth Violence is a Serious Public Health Problem

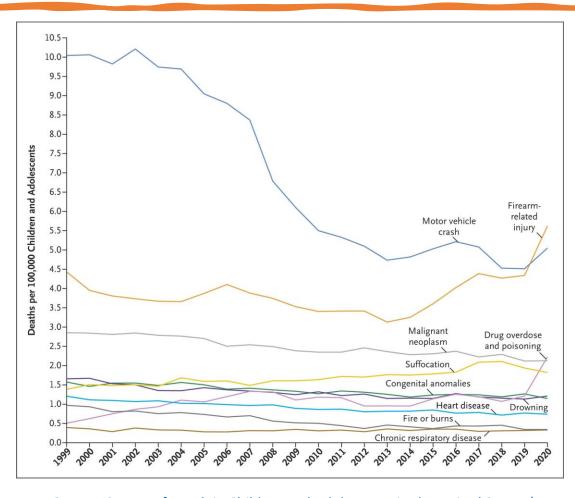
It is an Adverse Childhood Experience (ACE) Has long-term impacts on health and wellbeing

Youth Violence is a Serious Public Health Problem

Homicide is the 3rd leading cause of death in teens

87% of these deaths are caused by *firearms*

The majority of school homicides are caused by firearms



School Violence

- Occurs in the school setting
- Disrupts learning and has a negative effect on students, schools and the broader community

Examples of School Violence

- Bullying/cyberbullying
- Fighting (e.g., punching, slapping, kicking)
- Weapon use
- Gang violence
- Sexual violence

Where School Violence Occurs

- On school property
- On the way to or from school
- During a school-sponsored event
- On the way to or from a school-sponsored event

Violence

- About 1 in 5 high school students reported being bullied on school property in the last year.
- 8% of high school students had been in a physical fight on school property one or more times during the 12 months before the survey.
- More than 7% of high school students had been threatened or injured with a weapon (for example, a gun, knife, or club) on school property one or more times during the 12 months before the survey.
- Almost 9% of high school students had not gone to school at least 1 day during the 30 days before the survey because they felt they would be unsafe at school or on their way to or from school.
- 2019, CDC's Youth Risk Behavior Survey (YRBS): YRBSS Overview | YRBSS | Adolescent and School Health |
 CDC

EXPERIENCING VIOLENCE VARIABLES*

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	Trend
Were threatened or injured with a weapon at school	7.7	7.4	6.9	6.0	6.0	7.4	
Did not go to school because of safety concerns	5.0	5.9	7.1	5.6	6.7	8.7	
Were electronically bullied	_	16.2	14.8	15.5	14.9	15.7	
Were bullied at school	19.9	20.1	19.6	20.2	19.0	19.5	
Were forced to have sex	7.4	8.0	7.3	6.7	7.4	7.3	
Experienced physical dating violence	-	-	10.3	9.6	8.0	8.2	
Experienced sexual dating violence	_	_	10.4	10.6	6.9	8.2	

LEGEND

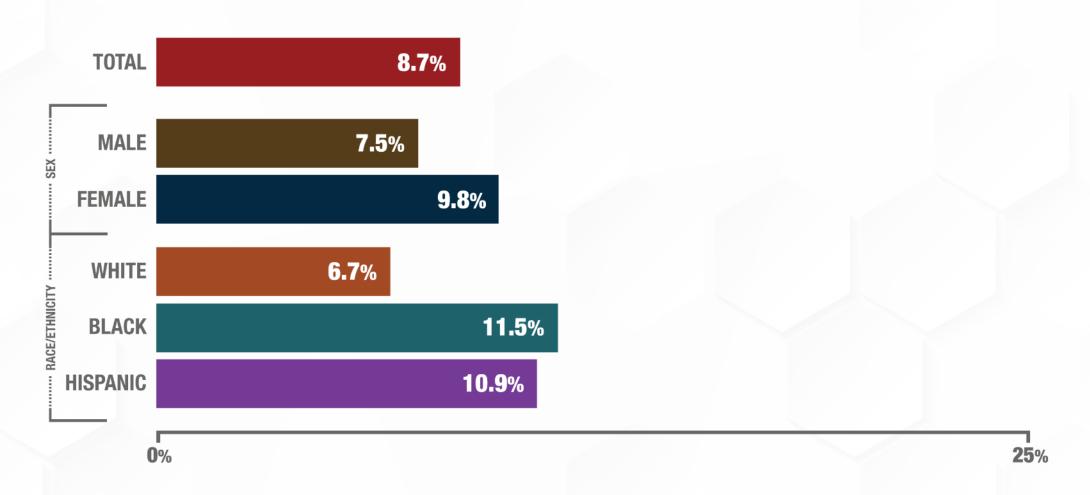


Source: National Youth Risk Behavior Surveys, 2009-2019

^{*}For the complete wording of YRBS questions, refer to Appendix.

PERCENTAGE OF HIGH SCHOOL STUDENTS WHO

DID NOT GO TO SCHOOL AT LEAST ONCE DURING THE PAST 30 DAYS BECAUSE OF SAFETY CONCERNS, BY SEX AND BY RACE/ETHNICITY, UNITED STATES, YRBS, 2019



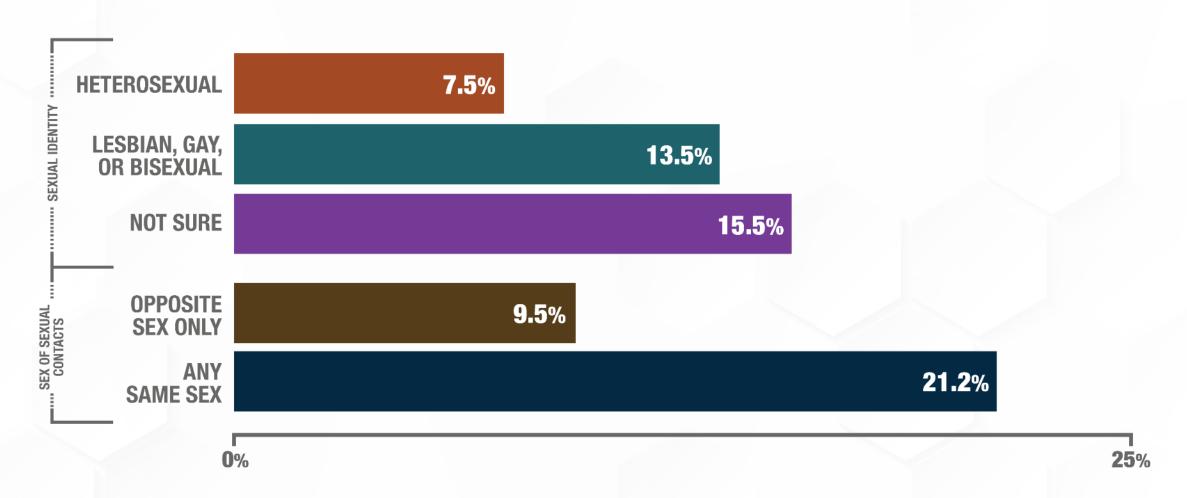
Some Youths are at Greater Risk

Sexual minority teens are more likely to experience multiple forms of violence compared to heterosexual peers



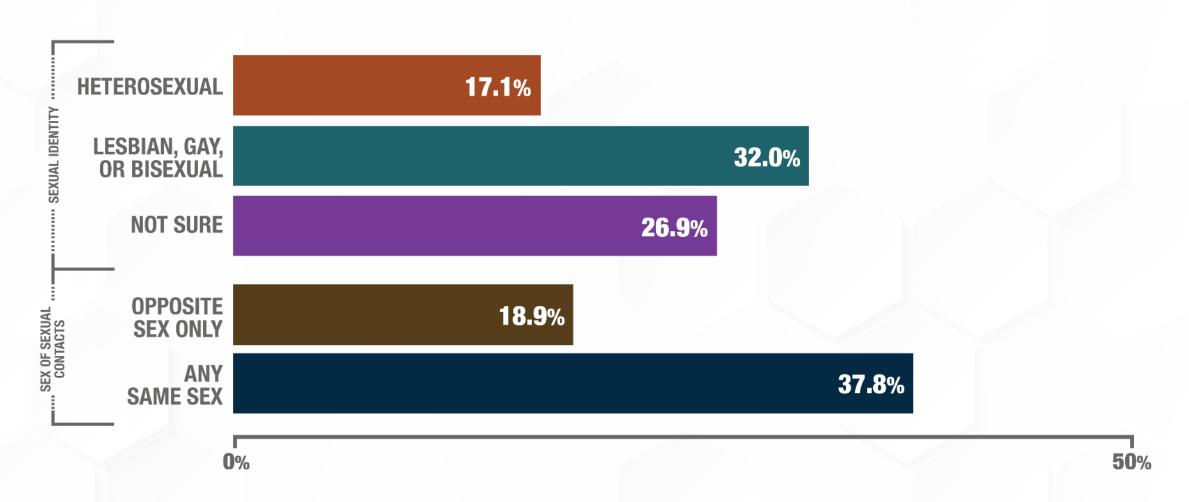
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PERCENTAGE OF HIGH SCHOOL STUDENTS WHO WERE BULLIED AT SCHOOL DURING THE PAST YEAR, BY SEXUAL IDENTITY AND BY SEX OF SEXUAL CONTACTS, UNITED STATES, YRBS, 2019



School Homicides

- Usually involve 1 victim (90% of school-associated youth homicide incidents from 1994-2016)
 - male, racial/ethnic minority victims, occurring in urban settings
- Multiple-victim incidents account for 18% of youth homicide victims (10% of all school-associated youth homicide incidents from 1994-2016)
 - Multiple-victim school-associated youth homicide incidence rates increased significantly from July 2009 to June 2018.

CDC: School Associated Violent Death Study. https://www.cdc.gov/violenceprevention/youthviolence/schoolviolence/SAVD.html

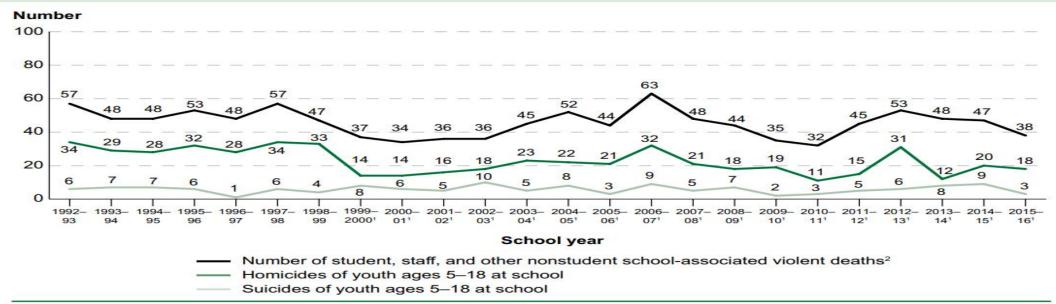
School Homicides

- From 1994-2018, 95% of multiple-victim school-associated youth homicides were caused by **firearm-related injuries**.
- Firearms used in school-associated homicides and suicides came primarily from the perpetrator's home or from friends or relatives.
- Nearly 50% of homicide perpetrators gave some type of warning signal, such as making a threat or leaving a note, before the event.

CDC: School Associated Violent Death Study. https://www.cdc.gov/violenceprevention/youthviolence/schoolviolence/SAVD.html

Violence In Schools: School Associated Violent Deaths

Figure 1.1. Number of student, staff, and other nonstudent school-associated violent deaths, and number of homicides and suicides of youth ages 5–18 at school: School years 1992–93 to 2015–16



¹ Data from 1999–2000 onward are subject to change until law enforcement reports have been obtained and interviews with school and law enforcement officials have been completed. The details learned during the interviews can occasionally change the classification of a case. For more information on this survey, see appendix A.

² A school-associated violent death is defined as "a homicide, suicide, or legal intervention death (involving a law enforcement officer), in which the fatal injury occurred on the campus of a functioning elementary or secondary school in the United States," while the victim was on the way to or from regular sessions at school, or while the victim was attending or traveling to or from an official school-sponsored event. Victims may include not only students and staff members, but also others at school, such as students' parents and community members.

NOTE: "At school" includes on the property of a functioning elementary or secondary school, on the way to or from regular sessions at school, and while attending or traveling to or from a school-sponsored event. In this indicator, the term "at school" is comparable in meaning to the term "school-associated." All data are reported for the school year, defined as July 1 through June 30.

SOURCE: Centers for Disease Control and Prevention (CDC), 1992–2016 School-Associated Violent Death Surveillance System (SAVD-SS) (partially funded by the U.S. Department of Education, Office of Safe and Healthy Students), unpublished tabulation (October 2018).

Effects of School Gun Violence

- Death
- Physical injuries (may be chronic and/or debilitating)
- Psychological consequences
 - Grief/anxiety/depression/traumatic symptoms
 - Impacts development (Acquired Adverse Childhood Experience)
 - Impact functioning (Worries about gun violence in their own school)
- Effects on students
 - Decreased performance on standardized math/English tests
 - Lower grades
 - Increased disruptive behaviors
- Effects on staff: Increased rates of illness/burnout/career change/divorce
- Increased costs for schools to purchase safety training/services/etc.

Kolbe LJ. School Gun Violence in the United States. J Sch Health. 2020; 90; 245-253. DOI: 10.1111/josh.12866

Violence Can Disrupt Teens' Health and Development

- Preventing violence is key to promoting teen health
- Higher chances of developing cancer, heart disease as an adult
- A teen's brain is still growing. Experiencing violence during this time of life can contribute to:
 - Impaired decision-making
 - Learning challenges
 - Decreased connections to peers and adults
 - Trouble coping with stress

^{• &}lt;a href="https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf">https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf

Teens Who Experience Violence Have Health Conditions and Risky Behaviors

- Missed school due to safety concerns
- Low academic grades
- Carried a weapon
- Suicidal thoughts or behavior
- Risky sexual behavior
- Substance use
- Overweight or obesity

https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf

How To Identify Children In Need of Mental Health Services



Situations that can be traumatic

- Situations that can be traumatic:
 - Physical or sexual abuse
 - Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
 - The death or loss of a loved one
 - Life-threatening illness in self or a caregiver
 - Witnessing domestic violence
 - Automobile accidents or other serious accidents
 - Bullying
 - Witnessing or experiencing community violence (e.g., drive by shooting, fight at school, robbery)
 - Witnessing police activity or having a close relative incarcerated
 - Life-threatening natural disasters
 - Acts or threats of terrorism

Trauma Reactions in Preschool

- Separation anxiety/ Clinginess to caregivers or teachers
- Regression of milestones (baby talk, bedwetting/accidents)
- Sleep problems
- Increased distress, new fears, anxiety about safety
- Statements or questions about death or dying
- Traumatic play

Trauma Reactions in Middle School

- Anxiety, fear, worries about safety or violence
- Changes in behavior: increased activity, decreased attention/concentration, withdrawal, anger, absenteeism
- Distrust of others or authority
- Over- or under-reacting to bells, physical contact, etc
- Increased somatic complaints (stomachaches, headaches)
- Hyperarousal, avoidance, emotional numbing

Trauma Reactions in High School

- Anxiety, worries about safety of self and others
- Changes in behavior: withdrawal, irritability, anger outbursts, decreased attention, absenteeism, change in academic performance
- Discussion of traumatic events, reviewing details
- Over- or under-reacting to bells, physical contact, etc
- Increased risk of substance abuse
- Re-experiencing the trauma (nightmares, disturbing & intrusive memories)
- Hyperarousal, avoidance, emotional numbing

Trauma Reactions

• Students who have experienced traumatic events may have behavioral or academic problems, or their suffering may not be apparent at all.

Bullying

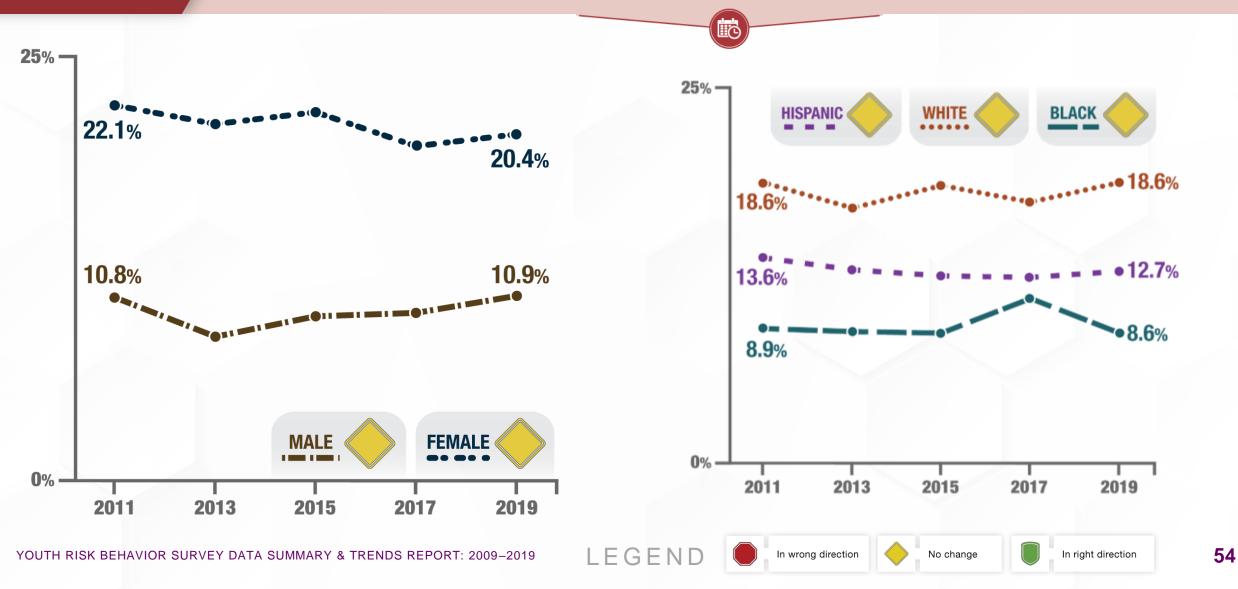
- Peer-victimization
- deliberate and unsolicited action with the intent of inflicting social, emotional, physical, and/or psychological harm.
- Bullying typically happens repeatedly and is a form of aggression and harassment.
- The harmful effects of bullying may be exacerbated by the frequency, pervasiveness, and severity of the behavior.

Bullying

- Types of bullying:
 - Physical (hitting, tripping, kicking, etc.)
 - Verbal (name calling, teasing, taunting, threatening, and sexual comments)
 - Social (spreading rumors, embarrassing someone in public, being purposefully exclusive).
 - Cyberbullying includes sending negative, harmful, and/or false content electronically

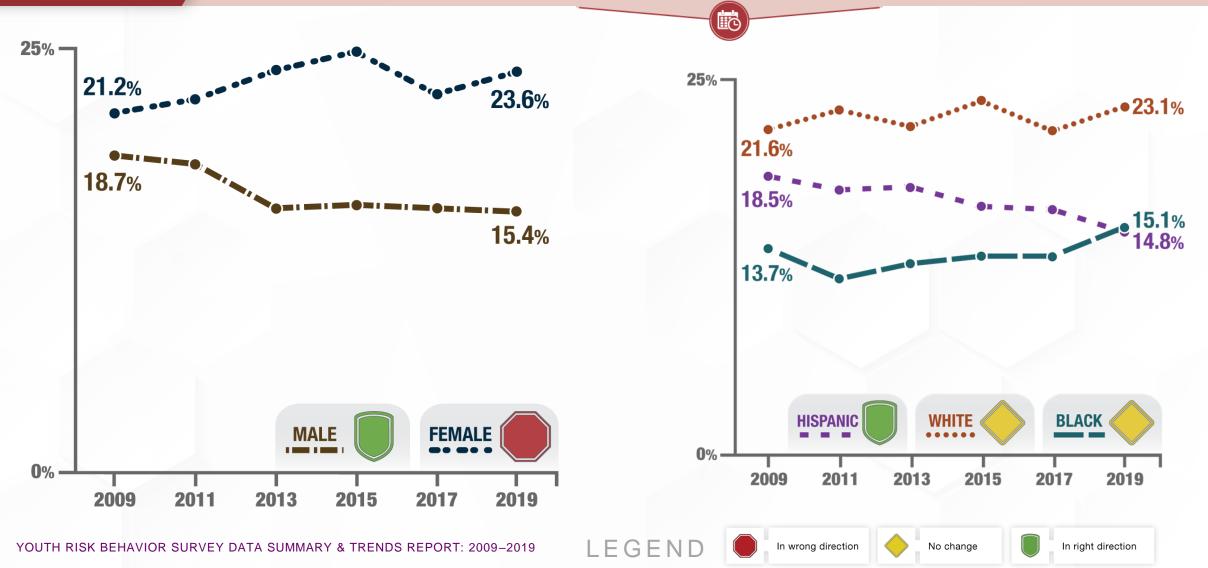
WERE ELECTRONICALLY BULLIED DURING THE PAST YEAR, UNITED STATES, YRBS, 2011-2019

8-YEAR TREND DESCRIPTION BY SEX



WERE BULLIED AT SCHOOL DURING THE PAST YEAR, UNITED STATES, YRBS, 2009-2019

10-YEAR TREND BY SEX AND RACE



Bullying

- Increases risk of violence
 - Perpetrators of K-12 mass shootings are typically minors who have been involved in bullying—both being the target and committing bullying
 - Many perpetrators had experienced acute or chronic rejection from peers

Treatment for Posttraumatic Stress

- WHAT TEACHERS AND EDUCATORS CAN DO:
 - If a child discloses trauma
 - Inform others to coordinate services
 - Answer questions in a developmentally appropriate way
 - Provide praise for disclosing and seeking help
 - Be emotionally available
 - Make a referral when necessary, involve the family

Treatment for Posttraumatic Stress

- Evidence-Based Treatments:
 - Education about the impact of trauma
 - Helping children and caregivers re-establish a sense of safety
 - Techniques for dealing with overwhelming emotional reactions
 - An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
 - Involvement, when possible, of primary caregivers in the healing process

Treatment for Posttraumatic Stress

- Evidence-Based Treatments:
 - Child-Parent Psychotherapy (CPP)
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
 - Trauma and Grief Component Therapy (TGCT)
 - Cognitive Processing Therapy (CPT)
 - Prolonged Exposure Therapy (PET)

Ways Schools Can Help



Children Have a Right to Thrive and Learn In a Safe School Environment

 Schools are intended to be safe spaces within which children should be able to thrive and foster their physical, social and emotional development.

Public Health Approach

Efforts to **Prevent Youth** Violence Efforts to Efforts to Prevent Prevent School Gun Violence Violence

School Violence is Preventable

- Define and monitor school gun violence problems and implementation of interventions to prevent it
- Identify risk and protective factors
- Develop and test effectiveness of interventions
- Assure widespread adoption of the most effective interventions

• Kolbe LJ. School Gun Violence in the United States. J Sch Health. 2020; 90; 245-253. DOI: 10.1111/josh.12866

Interventions to Prevent School Gun Violence

- Primary prevention interventions
 - Decrease likelihood of school gun violence
- Secondary prevention intervention
 - Reduce severity of effects when school gun violence occurs
- Tertiary prevention interventions
 - Help students, staff and families who experience school gun violence recover

Kolbe LJ. School Gun Violence in the United States. J Sch Health. 2020; 90; 245-253. DOI: 10.1111/josh.12866

Schools Can

- Adopt policies and practices that create safe and supportive environments
- Provide quality early childhood education
- Build Social-emotional skills
 - Teach students skills to navigate social and emotional challenges
- Connectiveness
 - Connect students to caring adults
 - Connect students to health and mental health services
 - Build strong bonds between staff and students to improve connectedness to school

Lockdown Drills

- Are They Worth It?
 - Limited evidence of effectiveness
 - May be counter-productive and can inform future perpetrators of procedures
 - Can make children feel less safe at school
 - Can cause Psychological Harm

Lockdown Drills

 Feb 2020 – Joint research report from Everytown for Gun Safety Support Fund (Everytown), American Federation of Teachers (AFT), and National Education Association (NEA):

" Everytown, AFT, and NEA do not recommend these drills for students and believe that schools should carefully consider impacts before conducting live drills that involve students and educators."

Lockdown Drills: Considerations

- If a school chooses to have students participate in Lockdown Drills:
 - 1. Avoid drills for young children cannot differentiate fantasy and reality
 - 2. Always provide advance notice to families
 - 3. Drills should be announced in advance to educators and students
 - 4. Do not include simulations of an actual incident

Lockdown Drills: Considerations

- If a school chooses to have students participate in Lockdown Drills:
 - Should include trauma-informed approaches both during and after the drill
 - Remind students of other measures of protection at school
 - Teachers receive education on signs that may indicate a student is traumatized or needs additional support
 - Plan methods for supporting children who are traumatized by school drills
 - Students with a history of trauma should be allowed to opt out of lockdown drills.

School violence can be prevented.

 CDC developed <u>technical packages</u> to help communities and states prioritize prevention strategies based on the best available evidence. The strategies and approaches in the technical packages are intended to shape individual behaviors as well as the relationship, family, school, community, and societal factors that influence risk and protective factors for violence. They are meant to work together and to be used in combination in a multi-level, multi-sector effort to prevent violence.

CDC's Youth Risk Behavior Survey

- The source of all data in this section is the national Youth Risk Behavior Survey (YRBS), a school-based survey conducted biennially by the Centers for Disease Control and Prevention.
- The survey monitors categories of health risk behaviors among a nationally representative sample of U.S. high school students.
- More information about the national YRBS is available at www.cdc.gov/yrbs.

For More Information

Web: www.cdc.gov/healthyyouth

Twitter: occupacter: <a href="mail

E-mail: nccddashinfo@cdc.gov

For more information, contact CDC 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov



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Thank You!

- Adair Parr, M.D., J.D.
- adair.parr@ochsner.org

- Erin Reuther, Ph.D., ABPP
- erin.reuther@ochsner.org